

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/806031

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		①		/			56						
7		①		/			57						
8		2		/			58						
9		2		/			59						
10		2		/			60						
11		2		/			61						
12		①		/			62						
13		/		/			63						
14		①		/			64						
15		/		/			65						
16		2		/			66						
17		2		/			67						
18		2		/			68						
19		2		/			69						
20		2		/			70						
21		2		/			71						
22		2		/			72						
23		①		/			73						
24		①		/			74						
25		①		/			75						
26	/		/				76						
27		/		/			77						
28		/		/			78						
29		/		/			79						
30		/		/			80						
31		①		/			81						
32		①		/			82						
33		①		/			83						
34		①		/			84						
35		①		/			85						
36		①		/			86						
37		①		/			87						
38		①		/			88						
39		①		/			89						
40		①		/			90						
41		①		/			91						
42		①		/			92						
43		①		/			93						
44		①		/			94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.	53		42				TOTAL DEP.						
TOTAL CLAIMS	55		44				TOTAL CLAIMS						

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